



Mental Health

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Lift Your Mood with Exercise

Physical activity could offer benefits if you are battling mild depression.

Physical activity can have all sorts of beneficial effects. It may even help those 10 percent of American adults who have been diagnosed with depression.

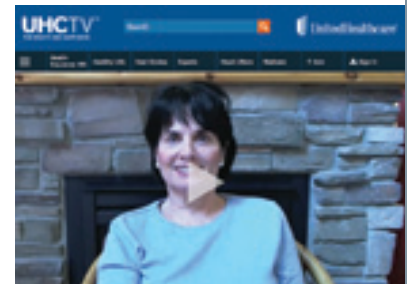
Research has suggested that:

- Active people are less depressed than inactive people are.
- Regular exercise may prevent mild to moderate depression from coming back or help keep it controlled over time.
- Regular exercise may improve a person's outlook. It offers a sense of competence and achievement. It can diminish the impact of stress. It may help take your mind off your troubles and improve your sleep.

Exercise and mood: what's the connection?

Some studies have found that exercise can improve symptoms of mild depression. But the effects can take longer than with antidepressant medications. And exercise may not have long-term benefits in more severe cases of depression.

One theory of research suggests that when you exercise, you increase the level of serotonin in the brain. Serotonin is a chemical that affects mood, sleep, appetite and sex drive. Depression has been linked to low levels of serotonin. Exercise also is believed to stimulate the production of endorphins, the brain's "feel-good" chemicals. Other theories suggest beneficial changes and responses to other hormones in the body.



Video Spotlight:

[How to Choose a Therapist](#)

[Signs of Mental Illness in Children](#)



Lift Your Mood with Exercise *(continued)*

Depression and the exercise challenge

Exercise may help lift your mood, a good reason all by itself to stay motivated. People with depression or other mental illnesses have another reason to get off the couch and get going. Studies show that if you have a mental illness, there is a good chance you are at higher risk for heart disease. Risk factors for heart disease include obesity, cigarette smoking, high cholesterol, high blood pressure and diabetes. We can have a positive impact on these risk factors by exercising.

Take the first steps

If you suspect you might be suffering from depression, it's important for you to be diagnosed, so you can get the care you need.

Talk with your doctor before starting a new exercise routine. Your doctor can advise you regarding what type of exercises are best for you and what level of intensity to pursue. Next, try these strategies to help you get started and be successful:

- **Pick an activity you like.** You're more likely to stick with it if you enjoy it. Do you like to walk? Jog? Bike? Dance? Swim? Take a class?
- **Ask a friend to join you.**
- **Start slowly.** You have a better chance of continuing a moderate plan than if you jump into a strenuous program. Working out too hard actually can postpone the mood lift that often follows an exercise session. That mood-boost is rewarding, and without it, your motivation can be weakened.

- **Cut yourself some slack.** There may be days you just don't feel up to exercising. If you miss a day or can only do 10 minutes, that's fine. Just get back on track the next day.
- **Remember the benefits.** Physical activity may help improve your mood, and it can also strengthen your heart and bones, help control your weight and cut your risk for many diseases. Each time you exercise, you're doing something positive for your health.

Note: If you have thoughts of hurting yourself or others, call your health care professional, 911 or a suicide hotline such as 1-800-SUICIDE (1-800-784-2433) or have someone drive you to your nearest emergency department.

If you feel that you are in immediate danger of hurting yourself or someone else, CALL 911 or your local emergency services immediately.

If you are physically inactive or you have a health condition such as arthritis, diabetes, heart disease, pregnancy or other symptoms, check with your doctor before starting an exercise program or increasing your activity level. He or she can tell you what types and amounts of activities are safe and suitable for you.

SOURCES:

- UpToDate. Patient information: Depression treatment options for adults (beyond the basics). Accessed: 09/03/2013
- National Alliance on Mental Illness. Treating major depression. Accessed: 09/03/2013
- American Psychological Association. The exercise effect. Accessed: 09/03/2013

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Shining a Light on Seasonal Affective Disorder

Seasonal affective disorder is a type of depression linked to decreased exposure to daylight. Learn how it differs from the winter blues.

Many of us have days when dreary weather puts us in a funk. The gray skies of fall and winter can last weeks at a time, putting a damper on our spirits. You may know this as the winter blues.

“‘Winter blues’ is a general term, not a medical diagnosis,” Dr. Matthew Rudorfer, a mental health expert at the National Institutes of Health, says in an NIH News in Health report. “It’s fairly common, and it’s more mild than serious.” The low mood usually goes away on its own in a fairly short amount of time.

Getting the winter blues is one thing. But if you tend to get mood changes year after year when the countdown to winter starts, you should ask yourself some questions.

- Does your mood affect your appetite? You might crave sweets and other high-carbohydrate foods. Or you might tend to gain some weight.
- Do you start feeling sad, anxious or empty? Hopeless, pessimistic or guilty?
- Do you develop trouble sleeping, or find yourself sleeping more than usual?
- Do you start to feel fatigued, without the energy to do things you used to enjoy?
- Do you become irritable or restless?
- Do you notice that you’re struggling to concentrate or make decisions that usually come easily?
- Do you start having any thoughts of suicide? (Anytime you have these thoughts and feel you might act on them, call 911 immediately. See the note at the bottom of this article.)

If you can answer “yes” to some of these questions, you might want to find out more about seasonal affective disorder, or SAD.

What is SAD?

Seasonal affective disorder is a form of depression most often tied to decreased exposure to daylight. SAD usually follows a pattern. It typically comes on as the fall months start to fade into winter and days get shorter. It tends to ease up as spring and summer set in and days grow longer. Some people with SAD say their depression tends to worsen or reappear when the skies are overcast at any time of the year, or if their indoor lighting is decreased.

In about 10 percent of cases, the season is reversed. The onset of the depression comes in the summer instead of the fall and winter. Experts say this might be in response to high heat and humidity.





Shining a Light on Seasonal Affective Disorder *(continued)*

SAD is more than the blues. “It interferes with daily functioning over a significant period of time,” Rudorfer says.

This condition is more common in the northern states, where winter lasts longer. “In Florida, only about 1 percent of the population is likely to suffer from SAD,” Rudorfer says. But in Alaska, for instance, about 10 percent of people might be affected.

SAD can strike anyone, but it most often affects women. Symptoms usually start between the ages of 18 and 30. The chance of developing SAD decreases with age. For you to be diagnosed with SAD, there must be two consecutive years of seasonal depression with no occurrence of non-seasonal depression during that two-year period.

What happens with SAD?

Your body’s functions rise and fall in a 24-hour pattern called the circadian rhythm. For some people, decreased exposure to sunlight may cause a chemical imbalance in the brain. It may throw off their circadian rhythm and can lead to symptoms linked with SAD.

It’s not clear why some people get seasonal depression and others don’t. Scientists are studying the role of hormones in people with SAD.

Also, tell your doctor if you have a close relative who has a psychiatric condition. While no genetic link has been proven, it’s fairly common for SAD sufferers to report at least one blood relative who suffers from severe depression, SAD or substance abuse.

Because the symptoms are similar, SAD is sometimes mistaken for low thyroid (hypothyroidism), low blood sugar (hypoglycemia), a viral infection like mononucleosis, severe depression or bipolar disorder.

How is SAD treated?

If you have mild symptoms that don’t disrupt your life, getting more exposure to light may improve your mood. You might spend an hour or so outside on sunny days, or if possible, arrange your office or home so you are seated near a window during the daytime.

Shining a Light on Seasonal Affective Disorder (*continued*)

If your symptoms are more severe, you may need bright light treatment, called phototherapy. For this therapy, you sit in front of a special light box each morning for about half an hour or longer. The light box emits bright white light that is much more intense than regular lights. (Be sure to check with your health insurance plan to see if a light box is a covered benefit.)

Another less-used type of light therapy is a dawn simulator. A light is activated by a timer. It is set up in your bedroom to act like a natural sunrise. The light comes on early in the morning and gradually gets brighter, allowing your body to wake up naturally.

Phototherapy is highly effective for most people with SAD. Studies show that between 50 and 80 percent of phototherapy users report a nearly full remission of SAD symptoms. Once you start this kind of therapy, you should do it every day throughout the period of time for which you are affected. You may need to continue well into the spring months. If it doesn't completely ease your symptoms, your doctor may suggest the addition of counseling or antidepressant medication.

Tanning beds are not recommended for treating SAD. Tanning lamps emit ultraviolet radiation that can harm your skin and your eyes.

There is growing evidence that talk therapy, or cognitive behavioral therapy (CBT), can help replace negative thoughts with positive ones, easing the seasonal depression. In some cases, medication such as antidepressants may also be helpful.

See a mental health professional if your depression doesn't go away or interferes with your daily life.

"It's true that SAD goes away on its own, but that could take five months or more," Rudorfer says. "Five months of every year is a long time to be impaired and suffering."

What other steps can you take?

Here are some tips from the National Institutes of Health that might help with seasonal depression.

- Get out in the sunlight or brightly lit places, especially early in the day. Wear protective sunscreen when exposing skin to sun.

- Spend time with other people; confide in a friend or relative.
- Go to a movie, take a walk or do something you normally enjoy.
- Eat nutritious foods. Avoid too many sweets and starchy carbohydrates.
- Be patient. Your mood should improve gradually.

Severe seasonal depression should not be taken lightly. If you have thoughts of hurting yourself or others, call your health care professional, 911 or a suicide hotline such as 1-800-SUICIDE (1-800-784-2433) or have someone drive you to your nearest emergency department.

If you feel that you are in immediate danger of hurting yourself or someone else, call 911 or your local emergency services immediately.



SOURCES:

- American Psychiatric Association. Seasonal affective disorder. Accessed: 02/14/2013
 - American Academy of Family Physicians. Seasonal affective disorder. Accessed: 02/14/2013
 - National Institutes of Health. Beat the winter blues. Accessed: 02/14/2013
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Types of Psychotherapy

Should you get family therapy or individual? Find out the types of therapies.

Psychotherapy is a method of talking with a psychotherapist, psychiatrist, psychologist or professional counselor. Many forms of psychotherapy can help people having difficulty in life, those who wish to make some kind of change in their personal or professional life, or people suffering from depression, anxiety or other serious mental health problems.

Medication may be used with psychotherapy. For many people, this is the best approach to treatment. For example, the recovery success rate for those with depression who combine psychotherapy with medication to control symptoms is more than 80 percent, according to some studies.

Although best in person, therapy is also provided on the phone, via e-mail, and online. Therapy can be held in one-on-one sessions, family or couple sessions, or in a group led by a trained counselor.

- **Family therapy or couples therapy.** Family therapy includes discussion and problem-solving sessions with every member of the family. Some sessions are done as a group, in couples, or one on one. Family or couples therapy is helpful when one of the family member's physical or mental health is directly affecting family dynamics or the well-being of significant relationships. In therapy, interpersonal relationships shared among family members are examined and communication is strengthened. If a family member suffers from depression, the roles played by various family members in reinforcing the depression often are examined.
- **Group therapy.** In group therapy, a small group of people meet regularly to discuss individual issues and help each other with problems with the guidance of a trained therapist.

Different approaches to psychotherapy

Psychotherapy is not limited to a particular type or technique. Many therapists are trained in several



different approaches. They then combine techniques from these various approaches that fit their own style and personality and the needs of the patient.

The following are common types of therapy.

Behavior therapy

Behavior therapy, also called behavior modification or behaviorism, sets up rewards and punishments to change thinking patterns and shape behavior. Behavioral therapy can involve relaxation training, stress management, biofeedback and desensitization of phobias. Behavioral therapists help patients learn how to get more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to, or result from, their problems.

Cognitive therapy

Cognitive therapy seeks to identify and correct thinking patterns that can lead to troublesome feelings and behaviors. Beliefs and expectations are explored to identify how they shape a person's experiences. If a thought or belief is too rigid and causes problems, the therapist helps the client to modify his or her belief so that it is less extreme.

Cognitive-behavioral therapy

Cognitive-behavioral therapy (CBT) helps a person to recognize his or her own negative thought patterns and behaviors and to replace them with positive ones. Used both with and without medication, cognitive-behavioral therapy is the most popular and commonly used therapy for the treatment of depression. A major aim of CBT is to reduce anxiety and depression by eliminating beliefs or behaviors that help to maintain problematic emotions.

Types of Psychotherapy (continued)

CBT generally lasts about 12 weeks and may be conducted individually or in a group. There is evidence that the beneficial effects of CBT last longer than those of medication for people with panic disorder, obsessive-compulsive disorder, posttraumatic stress syndrome and social phobia.

Gestalt

Gestalt is based on two ideas. In contrast to psychotherapy approaches which look at the unknown and even unknowable, gestalt therapists look at the here and now of living. The other idea is that we are caught in a web of relationship with all things. It is only possible to truly know ourselves as we exist in relation to other things. Behind this idea is the conviction that studying, describing and observing what is in this moment lets us fully understand ourselves.

Interpersonal therapy

Interpersonal therapy (IPT) is a short-term therapy often used to treat depression. This treatment approach focuses on an individual's social relationships and how to improve social support. IPT therapy seeks to improve a person's relationship skills, working on communication more effectively, expressing emotions appropriately and being properly assertive in social and work situations. In depression, IPT helps patients learn how to deal more effectively with others to reduce conflict and gain support from family and friends. It is usually conducted, like cognitive-behavioral therapy, on an individual basis but also can be used in a group therapy setting.

SOURCES:

- American Psychological Association. Different approaches to psychotherapy. Accessed: 05/05/2010
- National Institute of Mental Health. Psychotherapies. Accessed: 05/05/2010
- Depression and Bipolar Support Alliance. Psychotherapy: how it works and how it can help. Accessed: 05/05/2010
- American Academy of Child and Adolescent Psychiatry. Psychotherapies for children and adolescents. Accessed: 05/05/2010

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Movement/dance/art/music therapy

These methods include the use of movement, art or music to express emotions. This type of therapy is effective for those who have difficulty expressing feelings.

Phototherapy (light therapy)

People who suffer from seasonal affective disorder (SAD), a form of depression that is related to the change of the seasons within their geographic location, may benefit from bright light phototherapy. Phototherapy uses special light bulbs, which are much brighter than ordinary lights and made for this purpose. A physician or therapist instructs the patient in how to use these high-intensity lights to improve symptoms of seasonal depression.

Psychoanalysis

Also called psychodynamic or psychoanalytic therapy, this type of treatment helps a person look inside himself or herself to discover and understand emotional conflicts that may be contributing to emotional problems. The therapist (psychoanalyst) helps the client "uncover" unconscious motivations, unresolved problems from childhood and early patterns to resolve issues and to become aware of how those motivations influence present actions and feelings. This is a lengthy process, typically taking several years.

There are different types of psychoanalysis, each with a different focus. Freudian psychoanalysis has been criticized because of its tendency to create long-term dependent relationships between the therapist and the client. Other types of psychoanalytically oriented therapy have become popular, such as Jungian therapy. Jungian therapy sessions focus more on the immediate situation and life problems than on the root of the problem to help individuals develop greater self-realization.

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